



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

ROLE OF JANANI SURAKSHA YOJNA IN DECREASING MATERNAL MORTALITY AT TERTIARY CENTER

KEY WORDS:

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The JSY is a conditional cash transfer scheme-a women is paid money if she delivers her baby in a medical facility in government health centers,like subcenters (SCs) ,primary health centers (PHCs) ,community health centers (CHCs) or general ward of districts or state hospital , government medical colleges or accredited private institutions .The JSY is one of the largest conditional cash transfer programs in the world.

The National Rural Health Mission (NRHM) is the government of India flagship program for rural health. Among its various components , the JSY roughly translated as 'safe motherhood scheme , aims to encourage women to deliver their babies in medical facilities by providing cash incentive to these women.

In 2005 with goal of reducing the number of maternal and neonatal deaths, the government of India launched JSY a conditional cash transfer scheme ,to intensive women to give birth I a health facility .we independently assessed the effect of JSY on intervention coverage and health outcome.

The implementation of JSY in 2007-2008 was highly variable by state from less than 5% to 41% of women giving birth receiving cash payment from JSY.In the matching analysis JSY payment was associated with a reduction of 3.7 perinatal deaths /1000 pregnancies and 2.3 neonatal deaths \1000 live births.

Every year more than 500,000 women dies from causes related to pregnancy and child birth more than 99% of these deaths take place in developing countries.India alone has 22 % of the global total.

Same 86% of the newborn death are direct results of three main cause severe infection,asphyxia and preterm births infections include sepsis/pneumonia ,tetanus and diarrhea.

The above facts suggest that delivering a baby in a medical facility ,under the supervision of a skilled medical professional can make a significant decreases in the instances of maternal and neonatal mortality .Providing cash incentive was thought of as a faster ways of encouraging women to come to medical facilities to deliver their babies, theirby reducing maternal and infant mortality.

AIMS AND OBJECTIVE :

- 1) To examine the determinants of antenatal visits in women presenting at the time delivery.
- 2) To find correlation of infant and maternal survival at time of delivery with antenatal care received by the mother
- 3) To examine the extent of antepartum incidence complication and their outcome in relation with the antenatal care received by the mother .

MATERIAL AND METHODS:

The present study was conducting out on all patients undergoing birth of baby attending obstetric and gynaecology,O.P.D. or Emergency and admitted in Obstetrics

and Gynaecology ward of Nehru hospital, B.R.D.Medical college ,Gorakhpur from October 2010 to September 2011.

Each patient will be subjected to a thorough history taking , general ,physical examination,systemic examination, obstetrical examination and other detail history.

Amenorrhoea, Labour pain, LPV, BPV,Any other complaints.

OBSERVATION

TABLE-1 DISTRIBUTION OF PATIENTS ACCORDING TO AGE

Age group (in years)	Study group (%)
<20	36 (06)
21-30	468 (78)
31-40	66 (11)
41-50	30 (05)

Mean age of patient was (20 to 50) with range ,majority (78%) belonged to 21-30 years.

TABLE -2 DISTRIBUTION OF PATIENTS ACCORDING TO PARITY

Parity	Study group (%)
1	258 (43)_
2	180 (30)
3	78 (13)
4	36 (06 .0)
>5	48(08 .0)

TABLE -3 GEOGRAPHICALWISE DISTRIBUTION

Rural / urban	Study group (%)
Rural	420(70)
Urban	180 (30)

TABLE -4 DISTRIBUTION OF PATIENTS ACCORDING TO RELIGION

Religion	Study group (%)
Hindu	474 (79)
Muslim	126 (21)
Other	00 (00)

TABLE -5 DISTRIBUTION OF PATIENTS ACCORDING TO LITERACY

Literacy status	Study
Illiterate	252 (42)
1-5 Class	168(28)
6-10 Class	144 (24)
Intermediate	30 (05)
Graduates or above	06 (01)

TABLE -6 DISTRIBUTION OF PATIENTS ACCORDING TO SOCIOECONOMIC STATUS (B .G. PRASAD SCORE)

Socioeconomic class	Study group (%)
I. (>3050)	48(08)
II. (3050-1529)	60(10)
III. (1528-977)	60(10)
IV. (976-458)	192(32)
V. (>458)	240(40)

TABLE -7 DISTRIBUTION OF PATIENTS ACCORDING TO PRESENCE OF ASHA

STATUS OF ASHA	STUDY GROUP (%)
With ASHA	282 (67.14)
Without ASHA	138 (32 .86)

TABLE -8 YEARLY COMPARISON OF TOTAL NUMBER OF ADMISSION AND PERCENTAGE OF DEATH

Year	Total number of admission	Maternal deaths (%)
2007	2718	110 (4.40)
2008	3207	122 (3.80)
2009	3551	96 (2.70)
2010	3948	91 (2.30)
2011	3968	99 (2.40)

TABLE -9 ASSOCIATION BETWEEN MATERNAL EDUCATION IFA SUPPLEMENTATION

MATERNAL	IFA Taken	IFA not taken
Illiterate	150	102
1-5 class	162	6
6-10 class	126	18
Intermediate	24	6
Graduates or above	6	00

TABLE-10 ASSOCIATION BETWEEN AGE ANND OUTCOME OF BABY

AGE GROUP (YEAR)	ALIVE	DEAD
<20	24	12
21-30	264	204
31-40	36	30
41-50	18	12

DISCUSSION-

The present study included women of age group 18-50 years. Maximum number of women were between 21-30 year .In their study ,maximum number of patient were in para 2 or above.

In present study, women from rural area were predominant over urban area population with ratio 7:3.

In present study ,patient were mostly Hindu i.e,474 (79 %) and 2 % muslim .

In present study,252 (42 %) of women were illiterate.

In present study,432(72%) patient belong to lower socioeconomic class (i.e.per capita income <916 rupees) .

In present study , 78 % of women who received IFA supplementation during last pregnancy.

In present study, 47 % of all patients came in hospital with ASHA as compared to patient without ASHA. 81 % of women delivered alive baby as compaire to dead (19 %) ,in 194 dead baby ,42 (7 %) of baby were intrauterine death and rest 72 (12 %) of baby were still birth.

CONCLUSION-

The objective of our study was to, impact of JSY in decreasing maternal and perinatal mortality. In our study ,ASHA play very important role in JSY.

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